

American Optometric Association NEWS

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No. 14



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Photo: Tim Thompson

Financial turmoil disrupts student loan industry

New regulations and widely publicized turmoil in the financial services industry are making federally guaranteed student loans more challenging for students to secure with the lender of their choice, according to the American Optometric Student Association (AOSA) and Student Assistance Foundation (SAF), AOA's partner in the student loan industry.

Students who plan to attend schools and colleges of optometry this fall should begin evaluating current lender programs and arranging

any necessary student loans now, the AOSA advises.

"Students will need to do some research in order to determine their best option for obtaining student loans for the 2008-2009 academic year," said Don Oliver, executive vice president of sales and marketing for nonprofit SAF, which administered the AOA Advantage student loan program for five years.

The program has been suspended due to the passing of new legislation and because of the uncertainty in the financial markets. The AOA is seeking new options for stu-

dents.

"While this may seem daunting, the situation isn't impossible and help is available," Oliver said.

Some lenders, including some banks, reportedly plan to stop issuing student loans under the Federal Family Educational Loan Program (FFELP) after June 30.

According to Oliver, the student loan industry began to change in October 2007 following the passage of the federal College Cost Reduction and Access Act.

See Loans, page 12

ODs, students rally on Capitol Hill for largest federal advocacy campaign

On April 7, more than 400 AOA optometrists and optometry students from around the country converged on Capitol Hill to urge Congress to improve access to optometric eye and vision care services for America's families, including veterans, working men and women, children and seniors.

Optometry's latest advocacy campaign served as the culmination of the AOA's largest federal advocacy event to date—the 2008 AOA Congressional Advocacy Conference: Advocacy for Optometry's Future.

"Today is a great day for optometry," said Kevin Alexander, O.D., Ph.D., AOA president and the conference's opening speaker.

"By traveling across the country to be in Washington, D.C., optometrists are showing that Advocacy for Optometry's Future is more than just the theme for our profession's largest federal advocacy meeting ever. It's our mission, and we are

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President's Column

The AOA—
Lobbying for you



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Glance at the States

W. Va. mandates vision screening for license renewal



7



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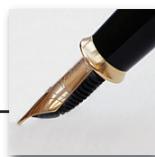
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PRESIDENT'S COLUMN

The AOA: Lobbying for you

The origins of the term "lobbyist" are difficult to pinpoint. Some believe that the term originated in England where members of Parliament and others gathered in the hallways of the Houses of Parliament to discuss legislation.

A more colorful explanation puts the origin in the lobby of the Willard Hotel in Washington, D.C., where Ulysses S. Grant used the term to describe the power players that would gather to access Grant, who was often found there, enjoying a cigar and brandy.

Each year, the AOA assembles our own team of citizen advocates at the annual AOA Congressional Advocacy Conference in Washington, D.C.

For years, a core of about 100 to 150 dedicated federal Keypersons made the trek to Capitol Hill to bring the AOA's advocacy issues to their U.S. senators and representatives. It had been an effective program that delivered many legislative gains to the AOA such as the inclusion of optometry in Medicare. Still, the AOA hadn't realized its full potential as a powerful voice in Washington.

Within the past few years, the AOA Board of Trustees has made federal advocacy a top priority for the association. Federal advocacy committees have been restructured, our Washington office team has been expanded and contributions to the AOA-PAC have increased dramatically. Most

impressively, attendance at our Congressional Advocacy Conference — optometry's once-per-year chance to put the spotlight in Washington, D.C., on our priority issues — has increased from 169 in 2003 to 334 attendees last year.

This year's Congressional Conference held April 7-9, boasted 420 attendees—the largest advocacy effort in the history of the AOA! With health care reform due to be at the top of the agenda for Congress and the new president in 2009, it was particularly important for us to make a strong showing at this time, and we did by sending our small optometric army to the U.S. Capitol to brief members of Congress and their aides on the issues that matter most to our practices and our patients.

In addition, this latest expansion of the conference now puts us within striking distance of our goal of having at least one doctor or student in the nation's capital to meet with every U.S. senator and representative — a total of 535.

To get there, we'll need more ODs and students to participate and become advocates for optometry. Those who journeyed to Washington, D.C., this year, as in year's past, were regular folks — optometrists and students—who were willing to take time away from their offices or studies to go above and beyond for our profession.

In addition to sending a

proactive message to Congress about safeguarding access to ODs when health care reform proposals are considered next year, our Congressional Advocacy Conference provided a big boost to optometry's immediate legislative priorities:

❖ **Stop Medicare Physician Payment Cuts**

The AOA continues to work directly with congressional leaders and other physician groups to find a permanent fix to the Medicare physician payment formula and to prevent the massive cuts due to take effect on July 1 and Jan. 1.

❖ **Vision Care for Kids Act** (H.R. 507/S. 1117)—An AOA-backed bill authorizing federal funding aimed at bolstering state children's vision initiatives. This bill was approved by the U.S. House in October 2007.

❖ **Optometric Equity in Medicaid Act** (H.R. 1983)—An AOA-backed bill extending physician status to optometrists under the Medicaid program. H.R. 1983 is opposed by the American Academy of Ophthalmology and the American Medical Association.

❖ **National Health Service Corps Improvement Act** (H.R. 1884)—This AOA-backed bill ends the exclusion of optometrists from the National Health Service Corps student loan repayment and scholarship programs that create federal incentives to attract health providers to medically underserved areas.



Dr. Alexander

❖ **Contact Lens Consumer Health Protection Act** (H.R. 2012)—This AOA-backed bill would launch a federal crackdown on the anti-patient activities of unscrupulous Internet contact lens sellers.

Optometry's ability to engage and educate legislators on a one-to-one basis has been the secret to our legislative success. We can certainly be proud of the growing numbers of our colleagues who visit Washington, D.C., every year in an effort to showcase our advocacy program and help put the AOA's legislative interests front and center on Capitol Hill.

It's been said that a lobbyist is "one who tries to influence lawmakers in voting for or against certain laws." Our committed AOA federal Keypersons certainly fit the bill.

As the AOA continues to make federal advocacy a top priority and stands up so effectively to groups with an anti-optometry agenda, we will need more doctors and students willing to serve the profession in this way. In fact, I hope to see you in Washington, D.C., next year.

Kevin L. Alexander, O.D., Ph.D.

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Ellis running for VP

Joe Ellis, O.D., has filed for the AOA office of vice president.

Dr. Ellis, currently the AOA secretary-treasurer, was first elected to the board in June 2001 and re-elected in 2004.

He is a member of the Practice Perpetuation Project Team and the Optometry Awareness and Public Affairs Committee.

He has served as a member of the AOA Constitution and Bylaws, Finance, Personnel, and Building Committees and as a board liaison to the Communications Group Advisory Committee, the Contact Lens and Cornea Section, the Accreditation Council on Optometric Education, the Advocacy Group, Commission on Paraoptometric Certification, and the AOA Sports Vision Section.

Prior to his election to the board, Dr. Ellis held a variety of volunteer appointments within the AOA.

Most recently, he served as chair of the State Health Care Legislation Committee.

Dr. Ellis served on the board of the Kentucky Optometric Association (KOA) from 1990 to 1996 and was president in the 1994-1995 program year.

He was named the Kentucky Young Optometrist of the Year in 1992 and the Kentucky Optometrist of the Year in 1995.

The KOA has also honored him with three President's Awards.

Dr. Ellis was instrumental in his efforts and relationship with Kentucky Gov. Paul Patton (D) and the Kentucky General Assembly to help pass the first school entrance-level eye examina-



tion in the United States in 2000.

Dr. Ellis is a member and past president of the Benton Lions Club and is a member of the Marshall County Chamber of Commerce.

Dr. Ellis graduated from the Southern College of Optometry in 1986.

He is in private practice in Benton, Ky.

Carlson files for secretary-treasurer

Dori M. Carlson, O.D., of Park River, N.D., has filed for the AOA office of secretary-treasurer.

Dr. Carlson was first elected to the board in June 2004.

Currently, Dr. Carlson serves as a member of the Optometry's Charity™, the AOA Foundation Board of Directors, the InfantSEE® Committee and the Finance Committee.

She is a board liaison to the Advocacy Group Executive Committee, the Federal Legislative Committee, the Federal Relations Committee, the Health Information Technology and Telemedicine Project Team, the Professional Relations Committee, the Communications Group Advisory Committee and the Commission on Paraoptometric Certification.

Prior to her election to the board, Dr. Carlson was the first female president of the North Dakota Optometric Association (NDOA).

She also served on the AOA's Communications Technology Project Team from 2001-2002 and served as chair of the Information & Member Services Group and Membership Development Committee.

Since 1999, she has been a trained consultant for the Accreditation Council on

Optometric Education. Dr. Carlson continues to serve on the North Dakota Blue Cross Blue Shield Advisory Committee and is a longstanding member of the North Dakota Legislative Committee.

Within the NDOA, she chaired the Mentoring Committee, Managed Care Committee, and Hospital Privileges Committee.

Her North Dakota colleagues awarded her the Young Optometrist of the Year Award in 1994 and the Optometrist of the Year Award in 2003.

A 1989 graduate of Pacific University College of Optometry and a former resident at the American Lake and Seattle Veterans Administration hospitals, Dr. Carlson and her husband and partner Mark Helgeson, O.D., own practices in Park River and Grafton, N.D. The doctors have two sons, Seth and Ian.



Notice to members

AOA, AMA conducting Physician Practice Information survey: ODs to get mailing

For the first time in nearly a decade, the AOA, the American Medical Association (AMA), and more than 70 other health care professional organizations, have worked together to coordinate a comprehensive multi-specialty survey of America's physician practices.

The survey will collect up-to-date characteristics of thousands of physician practices from virtually all specialties, and be used in efforts to positively influence national decision makers to ensure accurate and fair representation for all physicians and patients.

Getting the nation's policymakers to understand today's landscape and the requirements for care is critical.

These data will allow medicine to articulate the challenges of running a practice that provides expert patient care, while operating a business that is sustainable.

The study results will not only help in the short-term but will allow future generations of doctors to continue providing superior care to their patients.

One particularly important section of the study pertains to practice expenses and the amounts that are attributable to you.

The Centers for Medicare & Medicaid Services have indicated that the results of this study will be used to help determine physician payment.

Please encourage your staff to make this information available as the survey's success depends on accurate and complete data. This information will remain confidential. The survey firm, Dmrkynetec, will not identify any individuals or entities participating in this research.

Dmrkynetec, a survey firm with extensive experience in the area of physician practice finance, has been retained to administer the survey.

Dmrkynetec will contact randomly selected physicians and practice managers in order to collect their confidential responses.

Please watch for this survey and complete it thoroughly and accurately. Do your part to represent our profession.

Member benefit: **AOA First Look**

In a new benefit for AOA members, the AOA has teamed up with *U.S. News and World Report* to provide a daily e-mail summary of ophthalmic news, under the title "AOA First Look."

It's a free member-only benefit. Editors at *U.S. News* scour online news sources and compile items they expect will interest optometrists every weekday morning. AOA members who already receive association e-publications should be receiving *AOA First Look* now.

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Hoppe named to VA review board

Elizabeth Hoppe, O.D., Dr.PH., MPH, has been appointed to serve as a secretarial appointee on the Department of Veterans Affairs Rehabilitation Research and Development Scientific Merit Review Board. She will serve on the Subcommittee for Visual/Hearing Impairment for a term ending on Sept. 30, 2011.

The appointment is a tremendous honor, Dr. Hoppe said. Many active-duty military are experiencing traumatic brain injuries, mainly due to explosions.

"Vision function must play an important role in the rehabilitation of veterans," she said. The advisory committee provides scientific peer review of VA research program applications submitted to Rehabilitation Research and Development Services.

"The participation of appointees with outstanding scientific credentials is essential for maintaining high-quality VA research," Joel Kupersmith, M.D., chief research and development officer for the Veterans Health Administration, wrote in a letter. "Please accept my deepest appreciation for your contributions to this very important committee."

Dr. Hoppe is the founding dean of the College of Optometry at Western University of Health Sciences in Pomona, Calif.

Two ODs end late bids for Congress

for Congress on Jan. 2.

However, he chose to terminate the campaign Feb. 19 citing his late entry into the congressional race and a subsequent inability to raise sufficient campaign funds, according to a press release.

In New Mexico, former GOP state representative Terry Marquardt, O.D., announced March 18 that he would no longer be pursuing the Republican nomination for the state's 2nd Congressional District.

According to New Mexico's *Alamogordo Daily News*, Dr. Marquardt, who "announced his candidacy on Jan. 17, and was the last candidate to declare," said that he "underestimated the disadvantages and difficulties that proved to be insurmountable with a late start."

He further stated, "For this reason, after careful consideration and consultation with trusted advisers, I have decided to withdraw from the race."

A large field of candidates is vying for what is essentially an open seat in Congress.

The district's incumbent, Rep. Steve Pearce (R), is seeking the U.S. Senate seat now held by retiring Sen. Pete Domenici (R).

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W. Va. mandates vision screening for license renewal

Last month, the West Virginia legislature amended driver's license requirements to require vision screening before renewal. Separately, the legislature passed a bill to license drivers who use bioptic telescopic devices.

On March 13, Gov. Joe Manchin III (D) signed H.B. 4069, which requires vision screening as part of the driver's license renewal process. Many states that have vision screening in place as a condition of renewal are attempting to streamline the process through online renewal, thus eliminating the vision screening component.

West Virginia stands out because it is going against this trend and adding vision

screening to its renewal process.

"It's important for optometry as a profession to keep or establish vision screening as part of license renewal requirements," said Chad

tant for us to add the vision screening requirement because it's something that helps West Virginia citizens. If there was a problem they didn't know about, and it was brought to their attention, they could see

"Now our concerns are with the rules," said Robinson. "We want to make sure the processes are followed to protect the citizens of West Virginia."

The provision requiring

which allows driver's licenses or instruction permits to be issued to drivers using bioptic telescopic lenses who successfully complete an approved driver training program and comply with all other requirements.

The law defines "bioptic telescopic device" as a "two focus optical system used to magnify distant objects by including a small telescope that is mounted in a spectacle lens so as to allow an unobstructed view of the horizontal visual field through normal distance corrective lenses."

To obtain a driver's license, applicants must undergo examination by an optometrist or ophthalmologist to certify that they meet the eligibility criteria.

"Across the country, we're seeing more and more online renewal processes going into place. It was important for us to add the vision screening requirement because it's something that helps West Virginia citizens."

Robinson, West Virginia Optometric Association executive director.

"Across the country, we're seeing more and more online renewal processes going into place. It was impor-

an optometrist to correct the problem."

The law states that "to be eligible for license renewal the applicant must...pass a vision screening conducted by the division."

an applicant to successfully complete a vision screening as a condition of renewing a driver's license will go into effect on Jan. 1, 2009.

On March 27, Gov. Manchin signed H.B. 4139,

Preliminary approval for Western University College of Optometry

The College of Optometry at Western University of Health Sciences has taken a major step toward its planned opening in fall 2009, according to a university statement.

The Accreditation Council on Optometric Education (ACOE) has granted the college the pre-accreditation classification of "Preliminary Approval." This serves as recognition that the college is on target in its planning and development, said Elizabeth Hoppe, O.D., Dr.PH., MPH, founding dean.

"By attaining this status, we're able to begin student recruitment and enrollment in the program," she said.

The college expects to enroll 70 students in its inaugural class in 2009, one of four new programs at Western University. The College of Dental Medicine, the College of Podiatric Medicine and the Graduate College of Biomedical Sciences are also expected to open by 2009.

The accreditation council will review the College of Optometry's preliminary approval classification annually during the first three academic years of the program through written reports and/or site visits as deemed necessary by the council.

"The classification of 'Preliminary Approval' is granted to a professional optometric degree program that has clearly demonstrated it is developing in accordance with council standards. The program has approval to begin student recruitment, selection and admissions, and to begin offering the program," according to a letter from the ACOE.

Western University of Health Sciences, in Pomona, Calif., is an independent nonprofit university, conferring degrees in health sciences, nursing, osteopathic medicine, pharmacy, physical therapy, physician assistant studies and veterinary medicine.

Two Washington optometrists entering race for state office

Ken Henderson, O.D., of Bellingham, Wash., announced he is seeking the 40th District Senate seat as a Democrat.

Mel Lindauer, O.D., of Spokane announced his candidacy for state representative in the 6th District as a Republican.

Dr. Henderson is a long-time community activist who has served on the City of Bellingham Planning Commission and the Whatcom County Council.

"My position on the Whatcom County Council gave me the opportunity to serve on several regional committees," said Dr. Henderson. "I am excited to work with people from all the communities in the 40th to maintain the exceptional quality of life we enjoy here."

In addition to his public service, Dr. Henderson has served on the boards of the United Way and the Whatcom Parks and Recreation Foundation. He also serves on

the Deception Pass Park Advisory Committee.

Dr. Henderson is an active Lions Club member and recently organized cooperative efforts between Lions of Washington State and El Salvador, Central America, for support of schools for the blind and deaf.

Dr. Henderson's Senate efforts will include smart growth planning, expanding basic health care and accessible government issues.

Dr. Lindauer is president of Optic One Eye Care Centers of Spokane PC, which operates three clinics located in Spokane and Cheney, Wash.

"In my 15 years treating patients in Spokane, I have had the privilege of speaking with thousands of people and I understand the challenges and concerns of Spokane's citizens," Dr. Lindauer said. "I look forward to the opportunity to be Spokane's ambassador to Olympia and to be a strong voice for the people here."

He served as a president

and board member of the Lions Low Vision Clinic.

He is active in the optometric community and frequently is spokesperson for the Inland Society of Optometric Physicians and the Optometric Physicians of Washington, in print, radio and broadcast.

If elected, Dr. Lindauer plans to focus his efforts on obtaining funding for eastern Washington projects and causes.

He will also support legislation that demands state spending accountability, gets tough on crime, helps businesses of all sizes flourish, supports veterans and military families, promotes a higher quality of education for children, and assists seniors, families and others with limited income to have access to health care and other basic services.

Visit Dr. Lindauer's Web site at www.ElectMel.com or Ken Henderson for Senate P.O. Box 2264, Mt. Vernon, WA 98273, 360-739-6751.

Conference

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determined to accomplish it.” Hundreds of AOA members as well as representatives of the National Optometric Association (NOA), the American Optometric Student Association (AOSA) and the Association of Schools and Colleges of Optometry (ASCO) met with their U.S. senators and representatives over the massive, three-day event.

The goal was to raise new awareness of optometry and to advance AOA-backed legislation now before Congress, including:

- ❖ H.R. 1884 and H.R. 1983, to expand access to eye and vision care through full recognition of optometry in the National Health Service Corps and Medicaid;
- ❖ S. 1117 and H.R. 507, to establish federal funding for state children’s vision initiatives;
- ❖ H.R. 2012, to crack-down on the anti-patient activities of unscrupulous Internet contact lens sellers;

and

- ❖ An emerging plan to reform Medicare physician payments and avert two massive cuts targeting optometrists, medical doctors and other health care providers scheduled to take effect on July 1 and Jan. 1.

The AOA Congressional Advocacy Conference is an annual three-day meeting in Washington, D.C., led by the volunteer leaders serving in the AOA Advocacy Group, including the Federal Relations Committee, Federal Legislative Action and Keyperson committees, the AOA-PAC Board of Directors, and the AOA Washington office team.

In 2005, the AOA Board of Trustees directed that the conference be expanded from 195 attendees to further highlight optometry’s increased emphasis on impacting federal health care policy issues.

“The AOA has fought

and won important battles in Washington, D.C., in recent years”, said Michele Haranin, O.D., chair of the AOA Federal Relations Committee. “However, with organized medicine and ophthalmology, the insurance and managed care industry, Internet contact lens sellers and other groups with an anti-optometry agenda intensifying their lobbying efforts, concerned ODs must be prepared to do even more to ensure that our message is heard loud and clear in the nation’s capitol.”

“In 2009, health care reform will be at the top of the agenda in Washington, D.C.” said Jon Hymes, AOA Washington office director.

“I salute the hundreds of committed doctors and students who have sacrificed days from their practices and their studies to help advance the AOA’s proactive, pro-patient, pro-access legislative priorities at such an important time.”

AOA presses FDA to update rules on impact-resistant lenses

Recently, the AOA responded to a call for comments issued by the Food and Drug Administration (FDA) on its Draft Q&A Guidance on Lens Impact Testing.

In the interest of patient safety, the AOA was quick to answer the call and supply the FDA with recommendations that would make the decades-old regulations on impact-resistance more relevant to how ODs practice today.

The AOA has recommended that the FDA review and reconsider the regulatory provisions concerning the essential components in the safe design of corrective lenses.

Regulations established in 1976 state that eyeglasses and sunglasses must be fitted with impact-resistant lenses capable of withstanding the impact test, to reduce the

number of eye injuries. Glass lenses, plastic lenses, or laminated glass lenses can be made impact resistant by any method. However, in accordance with current regulations, all such lenses must be capable of withstanding an impact test that follows FDA guidelines.

“Nothing new in the draft guidance is inconsistent with the current federal regulation, said Jeffrey L. Weaver, O.D., director of the AOA Clinical Care Group. “However, the revision of the guidance document brings to the forefront how much has changed in the 30 years since the adoption of the regulation, including an overwhelming use of quality plastic lenses today—which has vastly improved the public safety related to spectacle wear.”

Consumers, manufacturers, and sellers should remember the strength of any

lens is related to the condition of its surface and edge, warns the FDA. All lenses lose their impact strength in direct proportion to the breakdown of the polished and edged surfaces. The greater the number and depth of scratches or the poorer the edge finish, the weaker the lens becomes. For patients, there is an inherent hazard in continuing to wear scratched lenses because their impact strength is reduced. Spectacle wearers also should be aware that plastic lenses are not necessarily impact resistant simply because they are manufactured with a plastic material.

The AOA makes it a top priority to make sure the concerns of ODs are heard not just on Capitol Hill, but by federal agencies considering health care policy issues. Look for more updates on this issue as the AOA continues to weigh in.

Federal agents targeting medical device industry

A high-profile government probe, which has resulted in a number of major enforcement actions against pharmaceutical companies, is now being focused on the medical device industry.

As part of the effort, government agents are looking into relationships between device makers and health care practitioners, the AOA Office of Counsel warns.

The investigations are likely to cover a range of health care devices, including contact lenses and other vision-related products, according to the AOA Office of Counsel.

The AOA Office of Counsel encourages optometrists to review their office procedures and relationships with device makers to ensure compliance with applicable federal law.

Federal investigators have never before targeted health care device makers in such investigations. Some close to the effort believe that a number of device makers may be susceptible to prosecution.

Government investigators are looking largely for violation of the federal Anti-Kickback Statute that prohibits companies from paying incentives to individuals or entities that are eligible for reimbursement under a federal health care program such as Medicare or Medicaid.

The anti-kickback investigations will probably center mostly on contractual arrangement between device makers and health care providers. However, investigators are placing emphasis on uncovering “misbranded” medical devices and “off-label” promotion, which are prohibited under the federal Food, Drug and Cosmetic Act.

That legislation provides for felony and misdemeanor criminal prosecutions, as well as civil monetary penalties, for violations related to medical devices.

In addition, agents believe they may able to bring cases under the federal Civil False Claims Act, the federal Foreign Corrupt Practices Act (an anti-kickback statute applicable to actions outside the United States), and general criminal statutes for conspiracy and fraud.

The U.S. Department of Justice is leading the investigation using agents at its Washington, D.C., headquarters and some regional offices. However, state attorneys general and Medicaid enforcement offices are also taking part in the investigations.

The Justice Department is targeting the medical device industry in part because investigators have become aware that, in many cases, there are close relationships between device makers and health care providers.

In the case of many devices, health care providers are heavily involved in the development process and may be retained by device makers to test products. In addition, manufacturers often sponsor educational and training seminars to increase practitioner familiarity with their products.

The Justice Department believes its medical devices probe will result in a number of successful civil or criminal actions.

Department attorneys have gained considerable expertise in preparing cases in the course of the investigations of pharmaceutical companies, officials note.

In addition, the department believes employees or associates of device makers may step forward to provide information on illegal activities.

The federal Civil False Claims Act provides monetary incentives — include treble damages and up to \$10,000 per violation — for “whistleblowers” who provide information in such investigations, federal agents note.



Medicaid now requiring tamper-resistant prescriptions

Effective April 1, health care providers must comply with a new Medicaid mandate under which pharmaceutical prescriptions are to be written on tamper-resistant paper.

Under the new requirement, Medicaid pharmaceutical prescriptions must be issued on pads incorporating industry-recognized features to prevent:

- ❖ Unauthorized copying,
- ❖ Erasure or modification, and
- ❖ Counterfeiting.

A prescription pad will

have to meet at least one of those requirements beginning this month and all three by Oct. 1, 2008.

State Medicaid departments are responsible for determining which of those specific features are required to meet the baseline characteristics for tamper-resistance in their respective jurisdictions this month.

For that reason, the AOA Advocacy Group recommends practitioners check their respective state government Web sites for guidance on acceptable tamper-resist-

ance features.

The U.S. Centers for Medicare & Medicaid Services (CMS) has informed state Medicaid directors that emergency fills are allowed as long as the prescriber provides a verbal, faxed, electronic, or compliant prescription within 72 hours after the date on which the prescription is filled.

However, in some cases, Drug Enforcement Administration (DEA) regulations regarding controlled substances may require a written prescription, the CMS

also notes.

Electronic prescriptions, faxed prescriptions and prescriptions sent over the telephone are exempt from this requirement.

The CMS initially announced it would require Medicaid non-electronic prescriptions to meet at least some standards for tamper resistance by Oct. 1, 2007.

However, thanks to the advocacy efforts by the AOA and state optometry organizations, this deadline was pushed back six months with legislation enacted late last

year.

Improved AOA alter-proof tamper-resistant prescription forms, now available through the AOA Order Department, are specifically designed to meet all three of those tamper-resistance requirements.

The prescription pads can be ordered through the AOA Order Department by calling 800-262-2210.

Additional information on the requirements can be found at: www.cms.hhs.gov/DeficitReductionAct/30_GovtInfo.asp.

Planning begins for Healthy People 2020

The process of determining the nation's health goals for the next decade has begun, according to the U.S. Department of Health & Human Services (HHS).

The HHS last month began a series of public meetings to gather public input regarding the formulation of its Healthy People 2020 objectives.

Representing the nation's official public health agenda, the Healthy People program, since 2000, has established sets of health objectives for the nation to achieve over the course of a decade.

The HHS encourages states, communities, professional organizations, and individuals to use the goals in developing programs to improve health.

Through its Healthy Eyes Healthy People™ program, the AOA supports the Healthy People initiative under terms of a formal memorandum of understanding with the HHS.

The current Healthy People 2010 goals encompass 467 specific objectives, including 10 related to vision care. The vision-related objectives target dilated eye examinations for patients with diabetes, eye examinations for children, greater use

of safety eyewear and vision rehabilitation, and other vision-related goals. Vision-related objectives were included in Healthy People 2010 largely as a result of work by the AOA Advocacy Group and the AOA Clinical Care Group.

The AOA is working to ensure vision-related objectives are again represented in the Healthy People 2020 program, according to Timothy A. Wingert, O.D., the AOA Clinical Care Group's staff person for the project.

The Healthy People 2020 program will be launched in two phases, according to the HHS. The framework (the vision, mission, goals, focus areas, and criteria for selecting and prioritizing objectives) will be released in late 2008 or early 2009. A year later, in January 2010, the Healthy People 2020 objectives will be released along with guidance for achieving the new 10-year targets, according the department.

The HHS launched a series of five regional public meetings to gather input on the Healthy People 2020 objectives last month. The meetings are being called to obtain public perspectives on the framework that will be used to organize Healthy

People 2020 objectives. Public comment on specific objectives will be sought in 2009.

An initial March 17 regional meeting in Atlanta was followed by an April 1 meeting in San Francisco and an April 14 meeting in Texas. Still to come are an April 30 meeting at Chicago's Northwestern University and a May 14 meeting at New York City's Alexander Hamilton U.S. Customs House.

AOA members are encouraged to attend and provide input, Dr. Wingert said.

The HHS encourages input from diverse sectors, including state and local government; academia; businesses; faith-based organizations; health care; advocacy groups, community-based organizations, non-profit and/or volunteer organizations; and others interested in improving disease prevention and health promotion efforts for the nation.

The AOA will be among the national health organizations providing input during a final meeting at the National Institutes of Health in

Bethesda, Md.

There is no fee for registration for the regional Healthy People meetings; however, seating is limited and pre-registration is encouraged. Interested parties can also file comments on the Healthy People program online or suggest questions or comments to help guide the discussions and presentations at the regional meetings.

To submit comment or questions or to register for a meeting, log onto www.healthypeople.gov/hp2020/regional.

Eye disease on increase among Americans

Millions of Americans are currently living with age-related eye disease and, according to the latest research from Prevent Blindness America and the National Eye Institute, that number is continuing to climb.

With more than 130 million Americans age 40 and older, more than 30 million suffer from leading causes of vision loss such as cataract, diabetic retinopathy, macular degeneration and glaucoma, according to the newly revised edition of the "Vision Problems in the U.S." study.

The study was an updating of the data from the 2002 "Vision Problems in the U.S." report on the prevalence of eye diseases and conditions in America.

Information gathered was the result of data collection from a systematic review of the major epidemiological studies.

Revised data from the "Vision Problems in the U.S." study showed that among Americans age 40 and older:

- ❖ Age-related macular degeneration cases rose 25 percent, the largest increase of the major eye diseases. Two million Americans have AMD.
- ❖ Diabetic retinopathy affects more than 3.6 million.
- ❖ There are 2.29 million American adults with glaucoma. Two million more may not know they have the disease.
- ❖ Cataract is the leading cause of blindness in the world, and 22.3 million American adults have the disease.

For more information on eye disease or to receive a copy of the 2008 "Vision Problems in the U.S." report, call 800-331-2020 or visit www.preventblindness.org.

Exhibit Hall: The place to be

By Richard Schuck, O.D.

Optometry's Meeting™ Exhibits Committee Chair

If you have not attended Optometry's Meeting™ lately, you could find yourself and your practice behind the times. The Exhibit Hall has continued to grow into optometry's premier networking event, a place to catch up with colleagues and friends, a place to learn and see new and improved products and services, and a place to purchase what you need to keep your practice current.

As Optometry's Meeting™ has grown, so has the number of exhibitors and the size of the Exhibit Hall. In the Exhibit Hall, you will find everything that is needed to practice optometry in today's demanding world.

We will again host great events and raffles in the Exhibit Hall, including thousands of dollars worth of giveaways. On Thursday, from 4 p.m. to 7:30 p.m., enjoy the Washington Wine Experience, sponsored by HOYA. On Friday from 4:30 p.m. to 6 p.m., experience Microbrew Mania, with plenty of local microbrews to taste at each station. The tasting passport is just \$2, courtesy of the AOA. HOYA is giving away one Home Entertainment System EACH DAY the Exhibit Hall is open. The Money to Burn program will again reward \$13,000 of cash and money-saving coupons to be spent on the latest products and services in the hall.

Don't forget about your complimentary lunch coupon (good Friday or Saturday) in the Exhibit Hall thanks to the generous support of Marchon.

Furthermore, make sure to complete your bingo card for another chance for great giveaways. Take your card to each listed company to receive a stamp. After you've visited all companies, take your "stamped" card to the AOA booth. You could win \$250 and a suitcase full of travel essentials.

A special monetary drawing for students and paraoptometrists will take place each day as well in the Exhibit Hall.

Be sure to stop by the AOA booth (#2401), where AOA staff and volunteers will fill you in on the important happenings at the AOA. You will receive the latest commemorative pin to add to your collection. In addition to the pin, check your registration packet for a ticket for one free AOA logo umbrella. After you have both items from the AOA booth, stop by booth #2404 for a free Optometry's Meeting™ t-shirt.

The Vistakon® Cyber Café (#2219) is located in the Exhibit Hall as well. Say hello to Vistakon representatives and feel free to surf the Internet or check your e-mail. Vistakon has also sponsored the Locator Kiosks this year. Stations will be in the Exhibit Hall and in the registration area. Several upgraded features have been added this year, including the ability to print your return boarding pass.

Our exhibitors have invested significant resources for the privilege of being in the Exhibit Hall, and the AOA and AOSA appreciate their support. Without exhibitor support, our low base registration fees and other meeting fees would increase. Please stop by and thank the exhibitors for their continued support at Optometry's Meeting™. While you are at it, be sure to purchase some needed items and support the exhibiting companies that support optometry!

Finally, please complete the Attendee Survey that you will receive via e-mail after the meeting. You could win a free trip to Washington, D.C., to attend the 2009 Optometry's Meeting™ just by taking five minutes to fill out our survey. Survey data helps us to continually improve Optometry's Meeting™, keeping it the best meeting in our profession.

Thank you for the opportunity to serve as the chair of the Optometry's Meeting™ Exhibits Committee. I look forward to seeing all of you in Seattle!

'Pursuit of Happyness' author to open Optometry's Meeting™

Christopher Gardner, the author of "The Pursuit of Happyness," will be the keynote speaker at the Opening General Session for the 2008 Optometry's Meeting™.

Sponsored by Essilor, the Opening General Session will be Thursday, June 26 from 8 a.m. to 9:30 a.m.

The Opening General Session will also include an awards portion honoring the AOA Optometrist of the Year, Young Optometrist of the Year, Paraoptometric of the Year and Distinguished Service and Apollo awards recipients.

The session will include videos of the award recipients underwritten by a grant from Essilor.

In "The Pursuit of Happyness," Gardner chronicled his long, painful, yet ultimately rewarding, journey from inner-city Milwaukee to the pinnacle of Wall Street.

Gardner is also the inspiration for the acclaimed movie "The Pursuit of Happyness," for which Will Smith, starring as Gardner, received Golden Globe, Screen Actors Guild, and Academy Award nominations.

Gardner's autobiography was a *New York Times* and *Washington Post* No. 1 best-seller.

In the book, Gardner

vividly depicted growing up black and male in late 20th-century urban America.

Surmounting acute obstacles throughout his life, Gardner is an avid motivational speaker, addressing the keys to self-empowerment, beating odds and breaking cycles.

Gardner is the owner and CEO of Christopher Gardner International Holdings with offices in New York, Chicago, and San Francisco.



Gardner is also a passionate philanthropist committed to many charitable organizations.

Always hard-working and tenacious, a series of circumstances in the early 1980s left Gardner homeless in San Francisco and the sole guardian of his toddler son. Unwilling to give up Chris Jr. or his dream of financial independence, Gardner started at the bottom.

Without connections or a

college degree, he earned a spot in the Dean Witter Reynolds training program.

Often spending his nights in a church shelter or the bathroom at a Bay Area Rapid Transit station in Oakland, Gardner was the sole trainee offered a job at Dean Witter Reynolds in 1981.

He spent 1983 to 1987 at Bear Stearns & Co., where he became a top earner.

In 1987, he founded the brokerage firm Gardner Rich & Co. in Chicago.

Gardner's remarkable story of struggle, faith, entrepreneurship, and fatherly devotion has catapulted him beyond the notoriety he has found on Wall Street.

Gardner has been featured on the "Evening News with Dan Rather," "20/20," the "Oprah Winfrey Show," the "Today Show," "The View," "Entertainment Tonight," CNN, and CNBC, as well as being the subject of profiles in numerous media including *People*, *USA Today*, Associated Press, *The New York Times*, *Fortune*, *Jet*, *Reader's Digest*, *Trader Monthly*, *Chicago Tribune*, *San Francisco Chronicle*, *The New York Post* and the *Milwaukee Journal Sentinel*. Gardner lives in Chicago and New York.

To register for Optometry's Meeting™, visit www.optometrysmeeting.org.

Lifetime Network show to feature 'women and vision care'

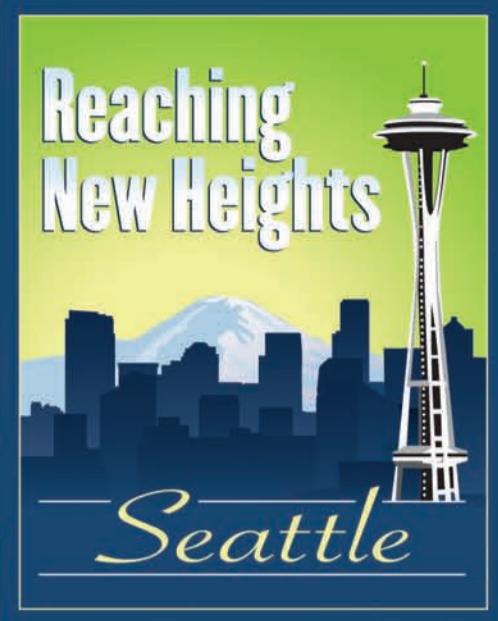
The syndicated talk show "The Balancing Act" will feature an interview with AOA Trustee Andrea Thau, O.D., on the topic of "women and vision care."

"The Balancing Act" airs on Lifetime Television, the cable channel that features programming of interest to women.

The segment is scheduled to air on Lifetime Television at 7 a.m. EST on the following dates:

- ❖ Wednesday, April 16, 2008
- ❖ Friday, April 25, 2008
- ❖ Tuesday, April 29, 2008

The segment, which was sponsored by the AOA, will also be posted on the following Web sites beginning in April: thebalancingact.com, itunes.com, yahoo/video.com, aol/video.com, and youtube.com.



2008 Optometry's MEETING™

Washington State Convention & Trade Center Seattle, WA

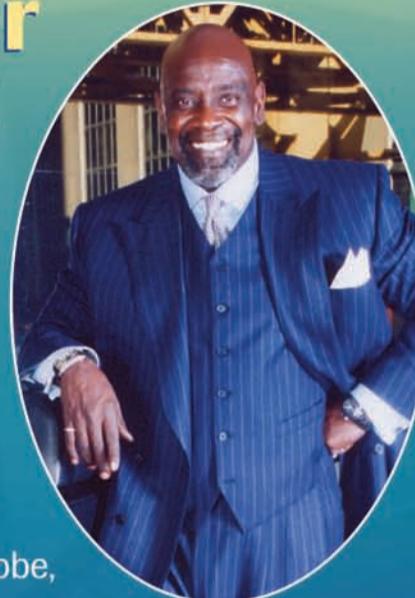
CONFERENCE: June 25-29, 2008 EXHIBITS: June 26-28, 2008

Christopher Gardner to speak at Opening General Session, Thursday, June 26

ESSILOR IS ONCE AGAIN THE SPONSOR of the Opening General Session and keynote speaker, Christopher Gardner, the author of the autobiography, *The Pursuit of Happyness*. Gardner is also the inspiration for the acclaimed movie *The Pursuit of Happyness*, for which Will Smith, starring as Gardner, received Golden Globe, Screen Actors Guild, and Academy Award nominations for his performance. In his book, Gardner chronicles his long, painful, ultimately rewarding journey from inner-city Milwaukee to the pinnacle of Wall Street. Gardner is honest and thorough as he solidly depicts growing up black and male in late 20th-century urban America.

Christopher Gardner is the owner and CEO of Christopher Gardner International Holdings, with offices in New York, Chicago, and San Francisco. Surmounting acute obstacles on his road to success, Gardner is an avid motivational speaker, addressing the keys to self-empowerment, beating odds, and breaking cycles.

To register and learn more about Optometry's Meeting™, visit
www.optometrysmeeting.org



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of Delegates, Professional Interaction—
Optometry's Meeting™**



The purpose of the act was to decrease college costs for students, increase federal programs directed toward improving access to college, and to implement school and lender regulations directed toward ensuring that students have more choice in selecting loan providers.

However, Oliver explained, the act required significant increases in loan fees and decreases in returns to lenders totaling \$20 billion in order to pay for the changes to the FFELP. As a result, student loan companies across the country were prompted to evaluate all of their student loan products and the profitability associated with them.

Some lenders found their profitability levels to be marginal at best and chose to discontinue offering FFELP consolidation loans. Others chose to leave the student loan industry altogether. To date, lenders who chose to leave the industry represent 10 per-

Responding to student loan uncertainty

The AOSA suggests optometry students consult the financial aid officers at their schools and colleges, who have a thorough understanding of the financial aid process and can provide realistic advice about funding possibilities, according to AOSA President James F. Hill, a third-year student at the University of Alabama-Birmingham School of Optometry.

The AOSA is in the process of developing a package of information of its own to help students assess loan options. SAF offers AOSA members information on assessing student loan options through a toll-free telephone service (866-408-LOAN), and online at www.saf-services.org and www.StopTheDeception.org.

In the wake of the disruption in the student loan and financial markets, the AOA has suspended its AOA Advantage program, which offered refinancing of student debt for optometry school graduates. However, AOA Chief Financial Officer Robert Broderick and SAF are researching an arrangement under which the AOA Advantage program might be reinstated.

Updates regarding AOA Advantage will be posted on the program Web site at www.AOAAdvantage.org.

cent of the Stafford and PLUS loan volume and 30 percent of the consolidation loan volume.

In recent months, the "meltdown" in the real estate mortgage market compounded the problem as its effects began to impact other seg-

ments of the financial market, including college loans, Oliver said.

As a result of massive mortgage defaults, a number of the nation's largest financial institutions have had to write off billions of dollars in bad debt, leaving many with

markedly less capital to invest in college loans, Oliver said.

Many of these financial institutions and major investment banks have traditionally been among the largest purchasers of the bonds issued to fund student loans.

Specialized education

"We encourage students to contact their lender early — whether that is a local financial institution or national student loan provider — to make sure they will be offering student loans this year."

New In Practice Lecture Series available in 2008

The popular New in Practice Series is again being offered at Optometry's Meeting™, thanks to a generous education grant from CIBA Vision, a Novartis Company.

Expert optometrists and world-class lecturers will cover a comprehensive range of practice management topics that impact new practitioners or those preparing to change practice settings.

Sign up for one or more sessions and bolster your confidence and practice management savvy by attending the New in Practice Series on June 26 and 27.

Optometrists and paraoptometric attendees can pre-register for the courses online at www.optometrysmeting.org.

Those interested are urged to register soon, as the courses are filling up quickly again this year.

The New in Practice series is also open to student attendees this year. Students may register on-site at the AOA Registration Desk on a space-available basis.

The 2008 series offers three individual course sessions dedicated to each of the following critical practice management topics:

"Marketing & Networking for Practice Growth"

Thursday, June 26

Noon – 2 p.m.

Michael Bacigalupi, O.D., and Keith Davis, O.D.

This course will review marketing strategies and suggest creation of a year-long strategic plan to maximize the return on marketing investment. Personal and professional networking will be discussed as methods to supplement and sustain practice growth.

"The Doctor's Role in Setting Up & Running an Optical"

Thursday, June 26

2 p.m. – 4 p.m.

Chad Fleming, O.D., and Ankur Kalra, O.D.

This course will provide a step-by-step process to set up a profitable optical. It will cover demographic analysis, vendor selection and relationships, patient purchasing trends, inventory management, lab pricing negotiations, going direct or through a buying group, training staff, and other insights to a successful optical.

"Financial Management"

Friday, June 27

10 a.m. – Noon

Keith Davis, O.D., and Laurie Sorrenson, O.D.

This course will discuss concepts such as cash flow, gross versus net profits, tax considerations for the sole proprietor or S-corporation and retirement planning, among other topics. Developing a business plan to acquire financing for opening a practice will also be presented and discussed. The participant will leave with a good basic understanding of the financial aspects of starting and running a practice.

One previous attendee commented, "This far exceeded expectations. Thank you so much for making this available. I had several of my important, life-altering questions answered!"

For more information and to register online, visit www.optometrysmeting.org/x4742.xml.

The online registration deadline is May 31, 2008. After May 31, those interested may register on site.

lenders, who rely on the secondary markets to fund federally backed student loans across the nation, have less cash available to lend as a result. In addition, the cost of funding student loans in these markets has exceeded the revenues lenders now receive on student loans, Oliver said.

According to Oliver, that means optometry students seeking loans may now find lenders to be offering minimal borrower benefits on FFELP loans and higher interest rates and fees on private educational loans. In addition, consumers may be subject to tougher criteria to obtain private loans than in the past.

"We encourage students to contact their lender early — whether that is a local financial institution or national student loan provider — to make sure they will be offering student loans this year," he said. "If not, it's time to start doing some research. A number of options are available."

One option, Oliver suggests, is for students to contact nonprofit student loan providers or higher education financing agencies in their home state or the state in which they are attending school. Often these providers offer special benefits to students who meet their criteria.

Beyond that, Oliver said, students can investigate the loan programs offered by major "money center" banks such as US Bank, Bank of America, or Wells Fargo. Such financial institutions do not primarily rely on the secondary financial markets to fund student loans and generally are still participating in the FFELP program.

However "in order to secure the most advantageous loan, students need to take the time to read the fine print associated with student loan offers — make sure the borrower benefits advertised extend to the academic year for which they need the loan," Oliver emphasized.

In addition, he said, the U.S. Department of Education is prepared to step in as a "lender of last resort" should the situation in the industry become too dire.

Study: Corneas from older donors have same transplant viability

The age pool of corneas for transplant should be expanded to include donors up to 75, based on findings from a study funded by the National Eye Institute (NEI), one of the National Institutes of Health (NIH). Corneal transplants using tissue from older donors have similar rates of survival to those using tissue from younger donors.

The five-year transplant success rate was the same – 86 percent – for transplants performed with corneas from donors ages 12 to 65 years and from donors ages 66 to 75, said the study published in the April issue of *Ophthalmology*.

The availability of donor corneas has been adequate for the past 10 years in the United States, where more than 33,000 corneal transplants are performed each year.

However, according to the study authors, recent changes in U.S. Food and Drug Administration (FDA) regulations will likely cause a decrease in the supply of donated corneas.

These new regulations that took effect in June 2007 require additional screening and testing of potential donors for contagious diseases, registration of eye banks, more detailed records

and labels, and stricter quarantine procedures.

"With the expected decrease in the pool of eligible cornea donors in the United States and the existing shortage of corneal tissue internationally, it is encouraging that we now have scientific evidence showing that

director of the NEI. "The pressure on eye banks to provide corneas is increasing. The results of this study will expand the available donor pool and should persuade surgeons to use corneas from older donors. These changes will greatly benefit the growing number of individuals

The five-year transplant success rate was the same – 86 percent – for transplants performed with corneas from donors ages 12 to 65 years and from donors ages 66 to 75.

older corneas can be used reliably in corneal transplants," said Elias A. Zerhouni, M.D., director of the NIH.

In addition, many eye banks previously set the age limit for donors at 65 years or younger because some surgeons have been reluctant to use older corneas. According to the study authors, their findings could lessen these restrictive policies. They estimate that use of older donor tissue could expand the donor pool by as much as 20 percent to 35 percent.

"This new research has come at a good time," said Paul A. Sieving, M.D., Ph.D.,

who need corneal transplants."

"Surgeons and patients now have scientific evidence that older donor corneas are suitable for transplantation," said Edward J. Holland, M.D., professor of ophthalmology at the University of Cincinnati, director of the Cornea Service at the Cincinnati Eye Institute, and co-chair of the study. "Further, when corneas are readily available, transplant procedures can be scheduled more efficiently, allowing both surgeons and patients to plan for them."

The Cornea Donor Study (CDS), which was coordinat-

ed by the Jaeb Center for Health Research in Tampa, Fla., is a prospective cohort study conducted with 1,101 participants enrolled by 105 surgeons at 80 sites across the United States.

Participants were between 40 and 80 years of age and were chosen for the study if they were in need of a corneal transplant for a corneal disease that put them at moderate risk for clouding of the transplanted cornea. Donor corneas were provided by 43 participating eye banks.

All donor corneas met the Eye Bank Association of America's standards for human corneal transplantation and were consistent with eye banks' tissue ratings of good to excellent quality.

After the transplant surgery, the participants were followed for five years.

The transplant was considered a failure if a repeat corneal transplant was required or if the cornea was cloudy for at least three months.

In a secondary study, the researchers examined the fate of the corneas' endothelial cells. "Though there was cell loss in both age groups, in 86 percent of the cases the corneas remained clear after five years," said Jonathan H. Lass, M.D., professor and chair of the Department of

Ophthalmology and Visual Sciences at Case Western Reserve University and University Hospitals Case Medical Center, and medical director of the study's endothelial image reading center. "These findings suggest the opportunity for further research to continue to perfect corneal transplants."

"The CDS is a landmark study," added study co-chair Mark J. Mannis, M.D., professor and chair of the Department of Ophthalmology at the University of California, Davis. "It is the largest study of its type on corneal transplantation ever done. Its size and five-year patient follow-up, along with a simple trial design, have provided us with clear and important insights into contemporary transplantation."

Overall, the demand for organs and tissue is greater than the supply available for transplantation.

The U.S. Department of Health & Human Services' Health Resources and Services Administration (HRSA) oversees the Organ Transplantation Program that is responsible for developing strategies and administering programs to promote organ and tissue donation.

For more information, go to www.organdonor.gov.

AOA Seal of Acceptance for UV blocking goes to Transitions VI lenses

The AOA Commission on Ophthalmic Standards awarded the Seal of Acceptance for Ultraviolet (UV) Absorbers/Blockers to the newly launched Transitions® VI lenses.

To qualify for the AOA Seal of Acceptance in this category, the product must not transmit more than 1 percent of UVB (290 nm to 315 nm) or UVA (315 nm to 380nm) radiation and must not transmit more than 20 percent of the luminous transmittance of the short wavelength visible light (380 nm to 400nm). (Details are available at www.aoa.org/x5520.xml.)

Transitions VI lenses provide the most advanced photochromic technology in today's marketplace across all major lens materials and designs, according to the company.

Transitions VI lenses are darker outdoors than Transitions V lenses and Transitions Next Generation lenses in any temperature, which reduces discomfort and disabling glare.

Transitions VI lenses are clearer indoors than Transitions V lenses and are faster to fade back than Transitions Next Generation lenses.

Transitions VI lenses also block 100 percent of UVA and UVB radiation

and provide UV 400 protection.

Transitions VI lenses are compatible with all major manufacturers' anti-reflective coatings. Combining Transitions VI lenses with an anti-reflective coating improves the indoor clarity of the lens, reduces distracting glare and enhances nighttime driving.

"Transitions has a heritage of offering the most advanced photochromic technology for today's consumers, and the new Transitions VI technology was specifically designed based on the desires identified through research with eye care professionals and their patients," said Dave Cole, general manager of the Americas, Transitions.

"Supported by our partners and our marketing efforts, we are confident that Transitions VI will help eye care professionals further grow their businesses and even achieve higher levels of patient satisfaction."

All 32 Transitions lenses meet AOA specifications for blockage of UVA and UVB rays and have been awarded the AOA Seal of Acceptance for UV Absorbers/Blockers.

For more information, visit www.transitions.com or contact Transitions Optical Customer Service at 800-848-1506.



Nearly 1,000 candidates pass paraoptometric certification exams

Congratulations to the 970 paraoptometrics who passed the CPO, CPOA, or CPOT certification examination in 2007.

More than 1,270 candidates met the criteria to sit for an AOA Commission on Paraoptometric Certification (CPC) examination.

Launched seven years ago, the AOA Paraoptometric Certification program continues to grow. Examinations are administered across the nation to nearly 1,300 candidates yearly.

Certification appears to be growing quickly throughout the country thanks to the many AOA affiliates or regional conferences that continually host the examinations. Other regions are rap-

idly coming on board and recognizing the value and importance of certification as well. All examinations (with the exception of the CPOT Practical) were offered on more than 30 separate dates during 2007 at several AOA affiliate meetings, regional conferences, and established regional examination sites.

An annual study of examination candidates and demographics is conducted yearly. Highlights follow:

Certified Paraoptometric Examination

The CPO examination includes 100 multiple choice questions. A minimum score of 75 percent is required to

pass. Candidates are tested in Basic Science, Clinical Principles and Procedures, Ophthalmic Optics and Dispensing, and Professional Issues.

Upon application acceptance and payment for the CPO examination, candidates have the option to purchase recommended study materials.

A total of 861 candidates sat for the CPO examination in 2007; 84 percent passed on the first or second attempt.

Overall, 92 percent of CPO candidates are employed at a private practice. Of the 795 candidates in this category, 666 or 84 percent passed on the first or second attempt.

An eligibility requirement to sit for the CPO

examination includes a minimum of a high school diploma or its equivalent.

However, 25 percent of CPO candidates hold an associate, bachelor's, or post-graduate degree.

And, 29 percent of these individuals hold an associate, bachelor's, or post-graduate degree.

Certified Paraoptometric Technician Written Examination

The CPOA examination includes 225 multiple choice questions. A minimum score of 66.8 percent is required to pass. Candidates are tested in Pre-Testing Procedures,

Clinical Procedures, Ophthalmic Optics and Dispensing, Refractive Status of the Eye and Binocularity, Anatomy and Physiology, and Practice Management.

Candidates are tested in Practice Management, Ophthalmic Optics and Dispensing, Basic Procedures, Special Procedures, Refractive Status of the Eye and Binocularity, and Basic Ocular Anatomy and Physiology. Upon application acceptance and payment for the CPOA examination, candidates have the option to purchase recommended study materials.

A total of 286 candidates sat for the CPOA examination in 2007; 72 percent passed on the first or second attempt.

Overall, 89 percent of CPOA candidates are employed at a private practice. Of the 254 candidates in this category, 185 or 73 percent passed on the first or second attempt.

There are three ways in which one can meet the eligibility requirements to sit for the CPOA examination.

Eligibility option #1 requires that candidates pass the CPO examination.

Eligibility option #2 requires that candidates must be currently enrolled as a student (in the final semester) or be a graduate of an approved optometric assistant program.

Eligibility option #3 permits those individuals with five or more years documented experience and/or holders of a current ABO, NCLE, or JCAH-PO certification.

The majority of the candidates for the CPOA examination meet the eligibility requirement with option #1.

There are two ways in which one can meet the eligibility requirements to sit for



Commission on Paraoptometric Certification

2008 Certification Examination Schedule

Exam Date & Deadline	Location	Sponsor/Contact Information
May 17/Apr 5	Missoula MT	Montana Optometric Association 406-443-1160
May 17/Apr 5	Gerogetown DE	Delaware Paraoptometric Assn hollyz@halpernneye.com
May 18/Apr 6	Albuquerque NM	New Mexico Optometric Assn fleece@laplaza.org 575-751-7242
Jun 1/Apr 21	Tucson AZ	Arizona Optometric Association 602-279-0055 info@azoa.org
June 6/Apr 26	Philadelphia MS	Mississippi Paraoptometric Assn 601-849-5004
Jun 8/Apr 28	Pittsburgh PA	Pennsylvania Paraoptometric Assn fodeair@comcast.net 610-372-0712
Jun 15/May 5	Lafayette LA	Optometry Association of LA optla@bellsouth.net 888-388-0675
Jun 27/May 17 Practical Jun 28	Seattle WA	Optometry's Meeting™ cpc@aoa.org 800-365-2219 ext 4210
Sep 13/Aug 2	Regional	See Regional Examination Locator Chart for Locations
Sep 19/Aug 8	Idaho Falls ID	Idaho Paraoptometric Section 208-522-2891 vest1063@msn.com
Oct 4/Aug 23 Practical Exam Only	Shallotte NC	CPC dmleuschke@aoa.org 800-365-2219 ext 4135
Oct 12/Aug 31	Tulsa OK	Oklahoma Assn of Optometric Physicians 405-524-1075 Pati@oao.org
Oct 16/Sep 5	Lansing MI	Michigan Paraoptometric Assn 517-546-4655 dsweet@comcast.net
Nov 8/Sep 27	Asheville NC	CPC dmleuschke@aoa.org 800-365-2219 ext 4135

Contact the CPC office for information, examination application, and candidate handbooks at 800-365-2219 ext. 4210 or download from the AOA website.

Regional Examination Locator	
AL	BIRMINGHAM-202
AK	FAIRBANKS-212
AZ	TEMPE/PHOENIX-222
CA	BERKELEY-247 LOS ANGELES-255
CO	DENVER-276
FL	FT. LAUDERDALE-319 JACKSONVILLE-310 ST. PETERSBURG-318
IL	CHICAGO-368
IN	BLOOMINGTON-393
KS	WICHITA-421
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MN	ST. CLOUD-538
MO	KANSAS CITY-563 ST. LOUIS-566
NE	OMAHA-595
NY	NEW YORK-668
NC	RALEIGH-698
OH	TOLEDO-736
PA	HARRISBURG-784
TN	NASHVILLE-852
TX	DALLAS-867
UT	SALT LAKE CITY-894
VA	RICHMOND-912
WA	SPOKANE-929
WI	MADISON-962

The Paraoptometric Certification Program is supported by an education grant from:
CIBA VISION
Shared Passion For Healthy Vision and Better Life

3/08



THE COMMISSION ON PARAOPTOMETRIC CERTIFICATION IS ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES

Exams

from page 14

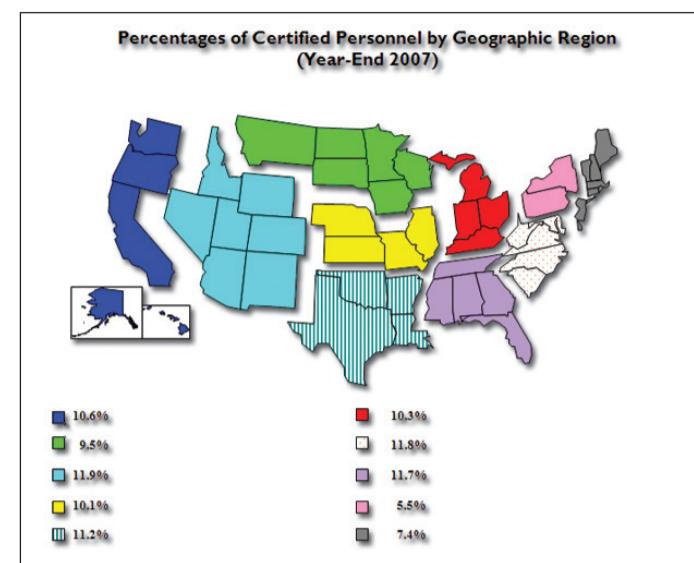
the CPOT examination.

Eligibility option #1 includes that candidates have passed the CPOA examination. Eligibility option #2 requires that candidates must be currently enrolled as a student (in the final semester) or be a graduate of an ACOE-approved optometric technician program. Most candidates for the CPOT examination meet the eligibility requirement with option #1. And, 26 percent of these individuals hold an associate, or bachelor's degree.

Certified Paraoptometric Technician Practical Examination

The CPOT practical examination includes three separate stations for the examination process.

At station one, candidates must take a thorough case history and perform various testing procedures. There are 100 items that the exam-



iner expects from the candidate. Each item is worth one point and candidates must score a minimum of 70 points to pass station one.

At station two, candidates must be able to handle application and removal of contacts from a patient's eyes. Additionally, eye drop instillation and blood pressure taking skills are required. There are 44 items that the candidate must perform and each item is worth from two to five points. A minimum of 70 points is required to pass station two.

Station three requires candidates to take an accurate PD measurement and neutralize two pairs of spectacles. There are 35 items that the candidate must perform and each item is worth either two or three points. Again, candidates must score a minimum of 70 points to pass station three.

A total of 32 candidates were administered the CPOT practical examination in 2007; 78 percent passed the examination on the first or second attempt.

Overall, 100 percent of

CPOT practical examination candidates who took the examination in 2007 are employed in private practices.

Eligibility requirements mirror those for the CPOT written examination.

Candidates must pass both the written and practical examination to be considered a Certified Paraoptometric Technician (CPOT). However, candidates who are currently enrolled as students (in the final semester) or are graduates of an ACOE-approved optometric technician program are exempt from taking the CPOT Practical Examination and upon passing the CPOT written examination are fully certified as Certified Paraoptometric Technicians

(CPOT).

All levels of certification require maintenance that includes 18 hours of documented continuing education in a three-year period.

For more information concerning AOA Paraoptometric Certification, contact the CPC office at 800-365-2219 ext. 4210 or view the AOA Web site at www.aoa.org/x4859.xml.

CIBA Vision, A Novartis Company has provided grants to help support the Paraoptometric Certification program for nearly eight years. Through its generous support, the CPC continues to offer the only certification available to paraoptometrics in the United States, Canada, and the Armed Forces.

In the April issue of *Optometry: Journal of the AOA*, Randall S. Collins, O.D., and Gregory E. Berg, describe how prescription eyewear can be used to aid forensic investigations. Until now, investigators and consulted eye professionals have been limited to a simple "match" or "no match" judgment. This article introduces optometry to a Web-based tool that can be used to assess the strength of a match between spectacle prescriptions and recorded patient information.

Three databases with more than 385,000 individual prescriptions were used to create the Web tool that calculates the frequency with which a prescription occurs in various U.S. populations. A search for any prescription in the tool's database will result in a report of the number of times a given prescription occurred in the queried database(s) as well as the calculated frequency with which the combination of the given

"The creation of this easy-to-use Web tool allows eye care professionals to provide strong statistical assessments when serving as consultants to forensic investigators," the authors write.

For more, visit www.optometryjaoa.com. To perform a search, visit www.jpac.pacom.mil, click on Central Identification Library, then OptoSearch.

NSU students educate public on computer vision syndrome

Five Nova Southeastern University College of Optometry students provided a public workshop on March 11, 2008, to teach people about Computer Vision Syndrome. They staffed an exhibit at the Alvin Sherman Library, Research, and Information Technology Center to discuss the condition, which affects people who use their computers daily at home or work.

Students Andreea Bratiloveanu, Mandy Letkemann, Cathy Dau, Brian Switalski and Jessica Kao showed people how to use proper workstation configurations to reduce their chances of experiencing Computer Vision Syndrome.

Symptoms of the condition include dry eyes, eyestrain, neck or backache, light sensitivity and fatigue. These problems are caused by individual vision problems, poor work station configuration and improper work habits.

"Working at a computer requires a great deal of eye movement and eye focusing," said Janet Leasher, O.D., an assistant professor who supervised the students. "The constant refocusing efforts stress vision and can lead the computer-related vision prob-



From left are Cathy Dau, Brian Switalski, Andreea Bratiloveanu, and Jessica Kao.

lems. It can have a great impact on individuals' comfort and productivity."

The AOA Save Your Vision Month kit and fact sheets were used for this program.

This project was completed as part of a course called Community Optometry, which teaches optometry students the importance of incorporating community based promotion and prevention into their practices following the tenets of Healthy Eyes Healthy People™ and Healthy Vision 2010.

Practical application of the Web tool in two published cases has shown matches with frequency of occurrence of 5.33×10^{-6} and 2.66×10^{-6} , respectively. This application currently is being used by the Joint POW/MIA Accounting Command Central Identification Laboratory (JPAC-CIL) and other agencies when optical materials are available in forensic settings. Further, this application currently is contributing evidence in an active murder case.

"The creation of this easy-to-use Web tool allows eye care professionals to provide strong statistical assessments when serving as consultants to forensic investigators," the authors write.

For more, visit www.optometryjaoa.com. To perform a search, visit www.jpac.pacom.mil, click on Central Identification Library, then OptoSearch.



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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: CooperVision

CooperVision continues to be a leading innovator of contact lens materials and designs, providing technical solutions to the challenges that contact lens practitioners and wearers face.

CooperVision has led the way with the introduction of new materials, new lenses and parameter extensions designed to enhance the experience of both practitioners and patients.

Products

Biofinity®—designed with CooperVision's Aquaform™ technology, these third-generation silicone hydrogel monthly replacement lenses are made with a unique material that offers a combination of high water content, low modulus and high oxygen transmissibility that is not found in other silicone hydrogel lenses. These characteristics provide maximum comfort, optimal health and excellent performance to the patient.

Avaira™—a two-week replacement silicone hydrogel lens, Avaira offers premium performance in a naturally wettable, low modulus material that is designed to provide a remarkably high level of wearing comfort. Avaira brings a premium third-generation silicone hydrogel lens to the dominant two-week replacement market.

Biomedics® EP—this two-week disposable lens is specifically designed to meet the visual needs of emerging presbyopes. Biomedics EP is a better alternative to monovision because it provides superior binocular visual acuity at far, intermediate and near distances.

Proclear® Multifocal Toric—the only monthly multifocal toric lens. The growing number of toric lens wearers who are developing presbyopia can now continue wearing soft contact lenses without needing reading glasses.

Proclear® Toric XR—Proclear Toric is now available in nearly 35,000 parameters. As part of the PC Hydrogel™ family of lenses, Proclear Toric XR offers outstanding comfort to a wider range of astigmatic patients.

Proclear® 1-Day—Proclear 1-Day lenses provide the convenience of a daily disposable lens plus an unsurpassed level of comfort throughout the day.

ClearSight™ 1-Day Toric—large numbers of astigmatic patients can now choose the most convenient and healthiest modality. CooperVision currently has toric contacts in every modality and offers eye care practitioners the widest range of toric products and parameters.

Programs

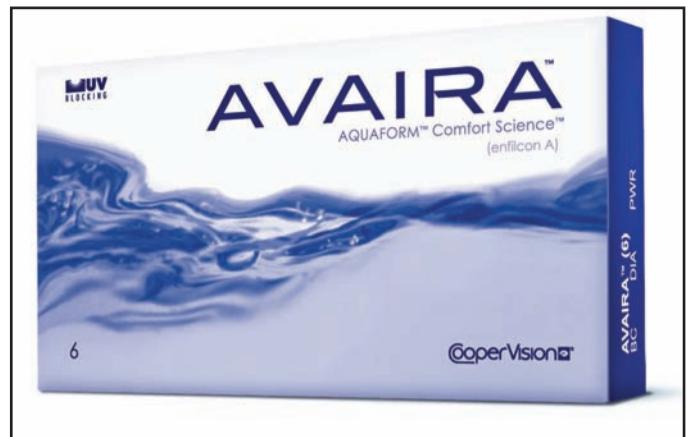
Online Learning Center—this free educational resource offers practitioners and staff the opportunity to receive high-quality contact lens training and is designed to develop knowledge and hone skills on a broad range of topics from contact lens basics to fitting advanced lens designs.

CooperVision.tv—A new resource for eye care practitioners to use with their patients to further their understanding of contact lens wear and care techniques and explain the technologies behind CooperVision's broad contact lens portfolio.

Direct Patient Delivery—to improve office efficiency and patient support, practitioners can choose a delivery option that enables an order to be shipped directly to a patient's home via the MyCooperVision e-commerce site. There is no charge for shipping when an order of four or more multipacks is placed at one time.

Online Ordering and Customer Service Center—The MyCooperVision e-commerce site also features convenient and secure online ordering and access to shipment tracking, invoice lookup, payment history and product bank balances.

For information about CooperVision and its full line of contact lenses, visit www.coopervision.com and log on to the secure MyCooperVision e-commerce site.



Avaira contact lenses feature patented Aquaform technology, the same unique technology found in CooperVision's Biofinity® monthly replacement silicone hydrogel contact lenses. For more information, visit www.coopervision.com.

CooperVision introduces Avaira 2-week SiHy CLs

CooperVision announced the introduction of Avaira two-week replacement silicone hydrogel lenses.

Avaira contact lenses offer premium performance in a naturally wettable, low modulus material, designed to provide a remarkably high level of wearing comfort.

Avaira two-week silicone hydrogel lenses are now available for daily wear throughout the United States.

"The introduction of Avaira brings a premium third-generation silicone hydrogel lens to the dominant and growing two-week replacement market segment," said James Gardner, director of marketing, CooperVision. "Utilizing our exclusive Aquaform technology ensures a lens with great natural wettability and outstanding comfort—enhancing our ability to offer eye care practitioners more contact lens options that provide consistent comfort throughout the day."

Avaira stays moist without surface treatments, additives, or wetting agents, aiding in comfort and minimizing deposits.

In addition, the combination of high oxygen transmissibility and low modulus promotes corneal health and

aids in lens-wearing comfort. Avaira's modulus of 0.5MPa offers a lens material that is 30 percent softer than comparable two-week silicone hydrogel lenses¹.

Avaira features patented Aquaform technology, the same unique technology found in CooperVision's Biofinity® monthly replacement silicone hydrogel contact lenses.

Manufactured from enfilcon A, Avaira also features a ultraviolet ray blocker and a proven aberration-neutralizing system, using unique aspheric optics that enhance vision by minimizing spherical aberrations inherent in both the lens and the human eye.

The lens uses an optimized back surface and rounded-edge design for easy fitting and better comfort.

Avaira is currently approved for daily wear.

The water content is 46 percent, Dk is 100, and Dk/t is 125.

The lens features sphere powers from -0.25D to -6.00D, a base curve of 8.5, and a diameter of 14.2.

Avaira is available in a six-lens pack or a three-lens trial carton.

¹Compared to modulus of 0.72MPa for Vistakon Acuvue® Oasys™



AOA endorses First Practice Academy educational program

CIBA Vision and Essilor of America unveiled a one-of-a-kind optometric educational initiative targeting the unique business needs of new optometric practice owners.

Endorsed by the AOA, the First Practice Academy™ (FPA) is the first and only training program designed for independent optometrists who have been private practice owners for three years or less.

The FPA will open in June to provide new optometric business owners with strategies and tools to enhance their patients' experience, achieve financial success and gain competitive advantage.

Taught by industry-leading independent optometrists who have built large private practices from the ground up, FPA seminars will feature practical advice and real-world experience on rapidly growing and running a successful practice.

The curriculum will focus on business fundamentals, with seminars on

finance, profitability, marketing, staff management and the legal aspects of practice.

"New independent start-ups often struggle during their first few years of ownership because they feel overwhelmed by the business and financial requirements of running a practice," said Richard E. Weisbarth, O.D., vice president and global head of Professional Development and Partnerships, CIBA Vision. "The First Practice Academy allows new owners to develop the necessary skills to better serve their patients' needs, enhance success, and to differentiate their optometric practices in today's competitive environment."

FPA attendees will also have the opportunity to benchmark the performance of their business versus other independent practices. By completing a confidential questionnaire on the financial aspects of their practices, attendees will be given an individualized, detailed performance appraisal based on

key comparative metrics from other new and established practices.

"Today's graduates are some of the best clinical optometrists in the history of the profession," said Howard B. Purcell, O.D., Essilor's vice president of Customer Development. "The First Practice Academy builds on the practice management foundation established at the schools and colleges to provide the timely skills, resources and networking opportunities needed to help new owners optimize the success of their practice."

The FPA provides attendees with a forum to meet and build relationships with other new optometric business owners who are dealing with the same challenges or who may have fresh new ideas. Attendees will also benefit from a Web site offering best-in-class practice management tools and a handbook with detailed business strategies and actionable, step-by-step tactics developed specifically for new optomet-

ric business owners.

Additionally, there will be ongoing support for FPA alumni, with updated practice-building information and tips, as well as the opportunity for continued online dialogue and Q&A with faculty.

"The American Optometric Association applauds CIBA Vision and Essilor of America's commitment to supporting optometrists during their critical formative years," said Peter H. Kehoe, O.D., AOA president-elect. "We consider such programs vital to the success of new ODs who have chosen to pursue private practice."

The First Practice Academy is an extension of the premier business-building Management & Business Academy (MBA) program that CIBA Vision and Essilor of America introduced in 2005 to provide business and practice management education to established optometric practices.

FPA seminar participants will be nominated by the AOA, CIBA Vision and Essilor of America. New optometric private practice owners interested in learning more about the First Practice Academy can contact their CIBA Vision or Essilor of America sales representatives.



The Spring 2008 Calvin Klein Eyewear Collection combines modern shapes with contemporary technical styling. Shown is style CK947. A futuristic, digital geometric pattern details the temples on this masculine metal frame. www.marchon.com

Vistakon releases Acuvue CL in plano for therapeutic use

Vistakon®, division of Johnson & Johnson Vision Care, announced that Acuvue® Oasys™ Brand Contact Lenses with Hydraclear® Plus is available in a plano lens for therapeutic use (8.4 mm base curve).

The lenses will be promoted to eye care professionals by the Vistakon® Pharmaceuticals, LLC sales force.

The U.S. Food and Drug Administration granted an additional indication for Acuvue Oasys in October 2007, approving the lens for

therapeutic use as a bandage lens for certain acute and chronic ocular conditions.

Acuvue Oasys for therapeutic use can also provide vision correction during healing if required.

FDA approval of Acuvue Oasys for therapeutic use as a bandage lens includes the following acute and chronic ocular conditions:

❖ For corneal protection in lid and corneal abnormalities such as entropion, trichiasis, tarsal scars and recurrent corneal erosion. In addition, it is indicated for protection where sutures or ocular struc-

ture malformation, degeneration or paralysis may result in the need to protect the cornea from exposure or repeated irritation.

- ❖ For corneal pain relief in conditions such as bullous keratopathy, epithelial erosion and abrasion, filamentary keratitis, and post-keratoplasty.
- ❖ For use as a barrier during the healing process of epithelial defects such as chronic epithelial defects, corneal ulcer, neurotrophic and neuroparalytic keratitis, and chemical burns.
- ❖ For post-surgical conditions where bandage lens use

is indicated, such as post-refractive surgery, lamellar grafts, corneal flaps, and additional ocular surgical conditions.

- ❖ For structural stability and protection in piggyback lens fitting where the cornea and associated surfaces are too irregular to allow for corneal rigid gas permeable lenses to be fit. In addition, the use of the lens can prevent irritation and abrasions in conditions where there are elevation differences in the host/graft junction or scar tissue.

Acuvue Oasys Brand Contact lenses are also indicated for daily wear vision correction and may also be worn for up to six consecutive nights/ seven days of extended wear as recommended by an eye care professional.

Acuvue Oasys can be worn continuously for up to six nights and seven days when used as a therapeutic lens.

For more information, contact Vistakon at 800-843-2020 or visit www.ecp.acuvue.com.

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Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an ACOE accredited residency program preferably in primary eye care or ocular disease. Evidence of an ability to develop in the area of patient care and research is important. The successful candidate will have teaching responsibility in both the clinic as well as classroom and laboratories. In addition, this position entails active participation in clinical research or other scholarly activities.

A curriculum vitae, statement of clinical teaching and research interest, and names and addresses of three professional references should be sent to:

Jimmy D. Bartlett, O.D., Sc.D.
Professor and Chair
Department of Optometry, School of Optometry
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University of Alabama at Birmingham
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Deadline for receipt of applications is April 30, 2008 or until the position is filled.

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Apply online: www.sco.edu/faculty/apply

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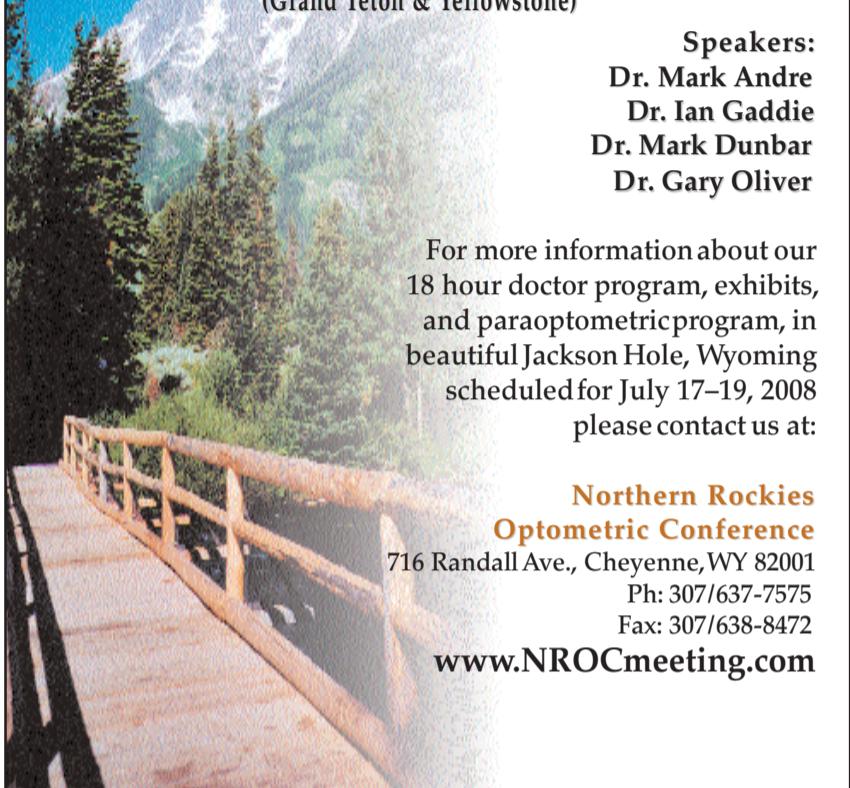




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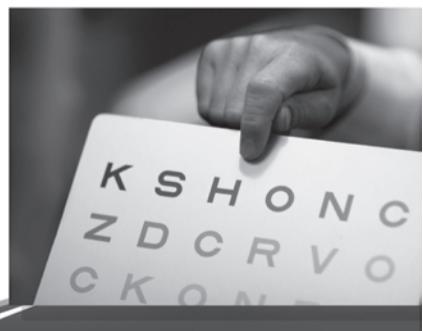
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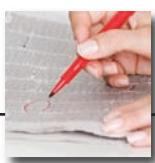
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A curriculum vitae, statement of clinical teaching interests, and names and addresses of three professional references should be sent to:

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Professor and Chair
Department of Optometry, School of Optometry
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MEETINGS

April

ARKANSAS OPTOMETRIC ASSOCIATION SPRING CONVENTION April 17-19, 2008 Embassy Suites, Little Rock, AR Vicki Farmer 501/551-7675 FAX: 501/372-0233 www.arkansasoptometric.org

ORTHOKERATOLOGY ACADEMY OF AMERICA & UNIVERSITY OF HOUSTON, COLLEGE OF OPTOMETRY SECOND ANNUAL RESHAPING THE WORLD CONFERENCE April 17-20, 2008 Westin San Diego, California Cary M. Herzberg, O.D., FOAA 866/851-9922 www.okglobal.org

MISSOURI OPTOMETRIC ASSOCIATION SPRING CE April 17-22, 2008 St. Maarten, Joyce Baker 573/635-6151 info@moeyecare.org

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 23RD ANNUAL MORGAN/SARVER SYMPOSIUM April 18-20, DoubleTree Hotel, Berkeley Marina, 510/642-6547 or 800/827-2163 FAX: 510/642-0279 optace@berkeley.edu www.optometry.berkeley.edu

DADE COUNTY (FL) OPTOMETRIC ASSOCIATION MIAMI NICE EDUCATION SYMPOSIUM April 19-20, 2008 Westin Colonnade Hotel, Coral Gables, Florida Lynne or Steve www.miamieyes.org 800/808-5018 FAX: 772/334-0856 dcoa@miamieyes.org

KANSAS OPTOMETRIC ASSOCIATION ANNUAL CONVENTION April 24-26, 2008 Capital Plaza Hotel, Topeka, KS info@kansasoptometric.org www.kansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL CONGRESS April 24-26, 2008 Bellagio Hotel, Las Vegas, Nevada Tracy Abel 888/376-6926 or 503/436-0798 FAX: 503/436-0612 tracyabel@earthlink.net www.mwc.org

106TH ANNUAL SPRING CONGRESS KENTUCKY OPTOMETRIC ASSOCIATION April 24-27, 2008 Marriott Hotel/KICC, Louisville, Kentucky

sarah@kyeyes.org
www.kyeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION VOA VOYAGES IN VISION CE CONFERENCE April 24-27, 2008 JW Marriott Cancun Resort, Cancun, Mexico Bruce B. Keeney, Sr. 804/643-0309 www.voadeyedocs.org

THE SEAVISION CONFERENCE April 24-May 3, 2008 Scotland & Ireland Sylvia 800/249-3214 www.seavision.info

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR SANDESTIN HOTEL, SANDESTIN, Thomas Streeter, O.D. April 25-27, 2008 850/279-4361 FAX: 850/279-4363 optom@hotmail.com www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 2008 SPRING CONVENTION April 25-27, 2008 Sheraton Hotel & Suites, Indianapolis, Indiana Bridget Sims 317/237-3560 www.ioa.org

May

VT/STRABISMUS & AMBLYOPIA PROBLEMS (OEP CLINICAL CURRICULUM) Optometric Extension Program Foundation May 1-4, 2008 Vancouver, Canada Theresa Krejci 800/447 0370 TheresaKrejciOEP@verizon.net www.oep.org

MIDWEST VISION CONGRESS & EXPO May 8-10, 2008 Park Hyatt Hotel, Rosemont, Illinois www.midwestvisioncongress.com

MONTANA OPTOMETRIC ASSOCIATION ANNUAL CONFERENCE May 14-17, 2008 Hilton Garden Inn, Missoula, Sue A. Weingartner 406/443-1160 FAX: 406/443-4614 suew@mteyes.com www.mteyes.com

NEW MEXICO OPTOMETRIC ASSOCIATION ANNUAL CONVENTION Embassy Suites Hotel, Albuquerque May 15-18, 2008 Richard Montoya 505/751-7242 FAX: 505/751-7243 fleece@laplaza.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY 12TH ANNUAL CLINICAL EYE CARE CONFERENCE AND ALUMNI REUNION May 16-18, 2008 Fort Lauderdale, Florida N. Scott Gorman, O.D., MS, EdD, 954/262-1462 scottg@nsu.nova.edu <http://optometry.nova.edu/ce>

2008 EASTERN STATES CONGRESS OPTOMETRIC EXTENSION PROGRAM FOUNDATION May 18-19, 2008 Mohonk Mountain House, New Paltz, NY Stuart M. Rothman, O.D. smrodr@aol.com

14TH ANNUAL EUROPEAN KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION (EKISS) OPTOMETRIC EXTENSION PROGRAM FOUNDATION May 24-26, 2008 Kobæk Strand Conference Center, Kobækvej 85, DK-230 Skælskør, Denmark. Steen Saust

UTAH OPTOMETRIC ASSOCIATION 2008 ANNUAL CONVENTION May 29-June 1, 2008 Park City, Utah Clive E. Watson 801/364-9103 FAX: 801/364-9613 uoa@xmision.com www.utaheyedoc.org

ANNUAL SPRING CONGRESS ARIZONA OPTOMETRIC ASSOCIATION May 30-June 1, 2008 Hilton El Conquistador Resort & Spa, Tucson, Arizona 602/279-0055 info@azoa.org

June

MISSISSIPPI OPTOMETRIC ASSOCIATION SUMMER CONVENTION & THIRD PARTY CONFERENCE June 5-7, 2008 Pearl River Resort, Philadelphia, MS Linda Ross Aldy 601/853-4407 FAX: 601/853-4408 msoptometr@aol.com www.mseyes.com

GEORGIA OPTOMETRIC ASSOCIATION 104TH ANNUAL MEETING June 5-8, 2008 Sandestin Golf & Beach Resort, Sandestin, Florida Vanessa Grosso 800/949-0060 or 770/961-9866 FAX: 770/961-9965 vanessgoa@aol.com www.goaeys.com

AEA CRUISES OPTOMETRIC CRUISE SEMINAR – GREEK ISLES June 5-17, 2008 Aboard the Emerald Princess 888/638-6009 aecruises@aol.com www.optometriccruisesseminar.com

JOINT CONFERENCE ON CLINICAL AND THEORETICAL OPTOMETRY (JCTCO) OPTOMETRIC EXTENSION PROGRAM FOUNDATION June 5-9, 2008 Pacific University, Forest Grove, OR Sally Corngold smcornold@oep.org

MISSOURI OPTOMETRIC ASSOCIATION LEADERSHIP CONFERENCE June 6-8, 2008 Country Club Hotel and Spa, Lake of the Ozarks, Joyce Baker 573/635-6151 info@moeyecare.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

IQUIX®

(levofloxacin ophthalmic solution) 1.5%

BRIEF SUMMARY

IQUIX® solution is indicated for the treatment of corneal ulcer caused by susceptible strains of the following bacteria:

GRAM-POSITIVE BACTERIA:

Corynebacterium species*
Staphylococcus aureus
Staphylococcus epidermidis
Streptococcus pneumoniae
*Viridans group streptococci**

GRAM-NEGATIVE BACTERIA:

Pseudomonas aeruginosa
*Serratia marcescens**

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS

IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS

NOT FOR INJECTION.

IQUIX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

In patients receiving systemic quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to levofloxacin occurs, discontinue the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS

General:

As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If super-infection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining.

Patients should be advised not to wear contact lenses if they have signs and symptoms of corneal ulcer.

Information for Patients:

Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemic quinolones have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions:

Specific drug interaction studies have not been conducted with IQUIX®. However, the systemic administration of some quinolones has been shown to elevate plasma concentrations of theophylline, interfere with the metabolism of caffeine, and enhance the effects of the oral anticoagulant warfarin and its derivatives, and has been associated with transient elevations in serum creatinine in patients receiving systemic cyclosporine concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

In a long term carcinogenicity study in rats, levofloxacin exhibited no carcinogenic or tumorigenic potential following daily dietary administration for 2 years; the highest dose (100 mg/kg/day) was 100 times the highest recommended human ophthalmic dose.

Levofloxacin was not mutagenic in the following assays: Ames bacterial mutation assay (*S. typhimurium* and *E. coli*), CHO/HGPRT forward mutation assay, mouse micronucleus test, mouse dominant lethal test, rat unscheduled DNA synthesis assay, and the *in vivo* mouse sister chromatid exchange assay. It was positive in the *in vitro* chromosomal aberration (CHL cell line) and *in vitro* sister chromatid exchange (CHL/IU cell line) assays.

Levofloxacin caused no impairment of fertility or reproduction in rats at oral doses as high as 360 mg/kg/day, corresponding to 400 times the highest recommended human ophthalmic dose.

Pregnancy: Teratogenic Effects. Pregnancy Category C:

Levofloxacin at oral doses of 810 mg/kg/day in rats, which corresponds to approximately 1000 times the highest recommended human ophthalmic dose, caused decreased fetal body weight and increased fetal mortality.

No teratogenic effect was observed when rabbits were dosed orally as high as 50 mg/kg/day, which corresponds to approximately 60 times the highest recommended maximum human ophthalmic dose, or when dosed intravenously as high as 25 mg/kg/day, corresponding to approximately 30 times the highest recommended human ophthalmic dose.

There are, however, no adequate and well-controlled studies in pregnant women. Levofloxacin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:

Levofloxacin has not been measured in human milk. Based upon data from ofloxacin, it can be presumed that levofloxacin is excreted in human milk. Caution should be exercised when IQUIX® is administered to a nursing mother.

Pediatric Use:

Safety and effectiveness in children below the age of six years have not been established. Oral administration of systemic quinolones has been shown to cause arthropathy in immature animals. There is no evidence that the ophthalmic administration of levofloxacin has any effect on weight bearing joints.

Geriatric Use:

No overall differences in safety or effectiveness have been observed between elderly and other adult patients.

ADVERSE REACTIONS

The most frequently reported adverse events in the overall study population were headache and a taste disturbance following instillation. These events occurred in approximately 8-10% of patients.

Adverse events occurring in approximately 1-2% of patients included decreased/blurred vision, diarrhea, dyspepsia, fever, infection, instillation site irritation/discomfort, ocular infection, nausea, ocular pain/discomfort, and throat irritation.

Other reported ocular reactions occurring in less than 1% of patients included chemosis, corneal erosion, corneal ulcer, diplopia, floaters, hyperemia, lid edema, and lid erythema.

Rx Only.

Manufactured by:

Santen Oy, P.O. Box 33, FIN-33721 Tampere, Finland
Santen®

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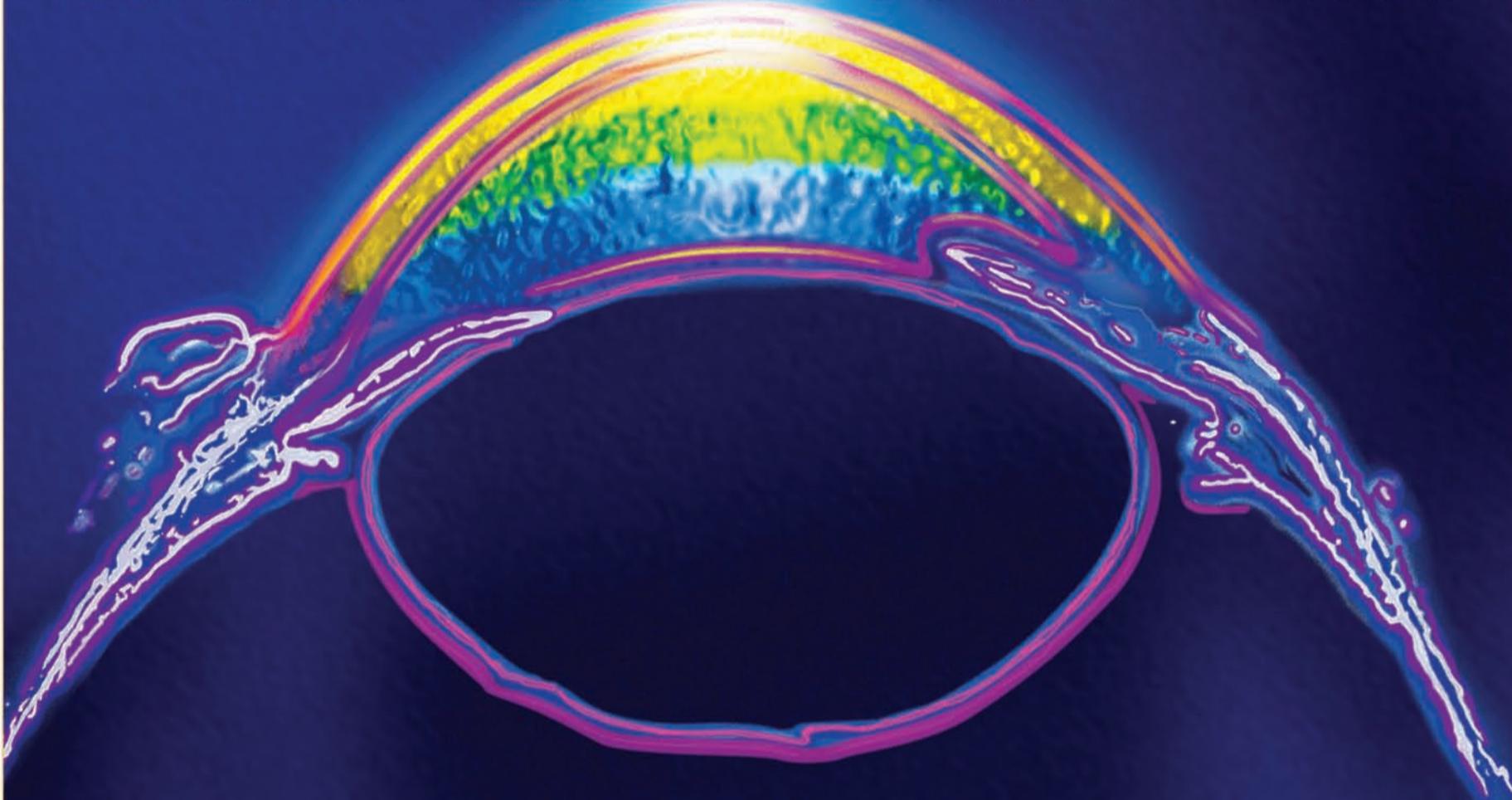
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INTRODUCING IQUIX®



SUSTAINED LEVELS OF CONCENTRATION



**Delivering concentration
above and below
the ocular surface¹⁻³**

NEW
IQUIX®
(levofloxacin ophthalmic
solution) 1.5%

Take Concentration to a New Level

IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

References: 1. Walters TR, Hart W. Tear concentration of 1.5% levofloxacin ophthalmic solution following topical administration in healthy adult volunteers. *Invest Ophthalmol Vis Sci.* 2003;44: E-Abstract 4453. 2. Data on file, VISTAKON® Pharmaceuticals. Pharmacokinetic report for comparative ocular penetration of levofloxacin, moxifloxacin and gatifloxacin following a single topical administration to the rabbit eye. Study No. 74202. 3. Data on file, VISTAKON® Pharmaceuticals. A randomized, observer-masked, parallel-group, multicenter trial evaluating the ocular penetration of 1.5% levofloxacin ophthalmic solution and 0.3% gatifloxacin ophthalmic solution in subjects undergoing corneal transplant surgery. Clinical Study Report 16-007R. August 2, 2005.

Please see brief summary of full Prescribing Information on the next page.

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Manufactured by Santen Oy, Tampere, Finland 

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